



## Senior Fee Request Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

School Name: \_\_\_\_\_ Fee Amount Requested: \_\_\_\_\_

Description of Senior Fee:

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School/District Official Requesting Senior Fee: \_\_\_\_\_

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### Families In Transition Verification (Official Use Only)

- I have confirmed that a current 2024-2025 Student Residency Questionnaire has been submitted to the FIT office on this student by the parent/guardian.
- I have confirmed that the Senior Fee description meets the criteria of the Florida Department of Education FIT grant.
- Submit Senior Fee Purchase Order for specified school

FIT Official Name: \_\_\_\_\_ Date: \_\_\_\_\_